

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597784

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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15						
16						
17						
18						
19						
20						
21			1			
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32						
33						
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35						
36			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52						
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97						
98						
99						
100						
TOTAL IND.			↓		2	↓
TOTAL DEP.			←		31	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]	33	[REDACTED]

BEST AVAILABLE COPY